

To:
Home Health
Agencies
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid Covers Pneumococcal Vaccinations by Home Health Agencies in Addition to Influenza Vaccine

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Wisconsin Medicaid Covers Pneumococcal Vaccinations

Effective for dates of service on and after July 1, 2004, Wisconsin Medicaid covers pneumococcal vaccinations provided by home health agencies. Home health agencies may administer pneumococcal vaccinations to individuals they are currently serving when there is a physician order for the vaccination. When billing for a pneumococcal vaccine, a provider should use *Current Procedural Terminology* (CPT) procedure code 90732 (Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use).

When administering a vaccine during an *initial* skilled nursing visit, bill for the skilled nursing visit using procedure code 99600 (Unlisted home visit service or procedure) and the vaccine using procedure code 90732. When administering a vaccine during a *subsequent* skilled nursing visit, bill for the skilled nursing visit using procedure code 99600 and the “TS” modifier (Follow-up service) and the vaccine

using procedure code 90732. Wisconsin Medicaid does not reimburse for a skilled nursing visit if the vaccination is the only purpose for the nursing visit.

Optional Form

Since the pneumococcal vaccine is not given on an annual basis, it is important that the recipient’s primary care provider be notified that the vaccine has been administered. If the recipient receives the pneumococcal or influenza vaccine in a community clinic, refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for an optional form that the recipient can give to his or her physician.

Influenza Vaccine Reminder

Wisconsin Medicaid continues to cover influenza vaccinations given by home health agencies. Home health agencies may administer influenza vaccinations to individuals they are currently serving when there is a physician order for the vaccination. A provider should use the appropriate CPT procedure code when billing for the following influenza vaccines:

- 90656 (Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular use).

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When administering a vaccine during an *initial* skilled nursing visit, bill for the skilled nursing visit using procedure code 99600 and the vaccine using procedure code 90656 or 90658.

When administering a vaccine during a *subsequent* skilled nursing visit, bill for the skilled nursing visit using procedure code 99600 and the “TS” modifier and the vaccine using procedure code 90656 or 90658. Wisconsin Medicaid does not reimburse for a skilled nursing visit if the vaccination is the only purpose for the nursing visit.

Claims Submission for Vaccines

When a recipient has Medicare and/or commercial health insurance coverage for pneumococcal or influenza vaccinations, the provider is required to bill Medicare and/or the commercial health insurance first. The provider may bill Wisconsin Medicaid only if a recipient’s Medicare and/or commercial health insurance denies payment.

A provider is required to bill Wisconsin Medicaid his or her usual and customary charge. The usual and customary charge is the amount a provider charges for providing the same service to persons not entitled to Wisconsin Medicaid benefits.

Community Vaccination Clinics

Home health agencies may also bill Medicaid for medically necessary influenza and pneumococcal vaccinations provided at community vaccination clinics. There must be established written protocol, policy, and guidelines that are approved by the agency’s medical director.

Providers are required to submit a separate UB-92 claim form for each recipient receiving these vaccines. Wisconsin Medicaid does not accept rosters of recipients who received vaccines.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT

Adult Immunization Record Form

(Copies of the "Adult Immunization Record" form are located on the next page.)

WISCONSIN MEDICAID

ADULT IMMUNIZATION RECORD

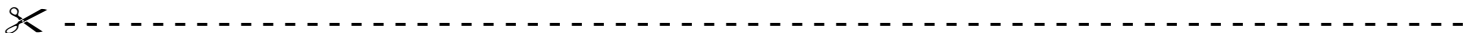
Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is voluntary. This form can be used to let the doctor know what immunizations the recipient has received. If the recipient has received his or her influenza or pneumococcal immunization at a clinic other than where his or her doctor practices, the recipient may give this form to his or her doctor for notification.

Name — Recipient (Last, First, Middle Initial)			Date of Birth — Recipient (MM/DD/YYYY)	
	Type of Vaccine	Date Administered (MM/DD/YYYY)	Name — Health Professional or Clinic Administering Vaccine	Address and Telephone Number — Health Professional or Clinic
Influenza				
Pneumococcal				



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